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ABSTRACT

This study sought to investigate the factors that predict alcohol drinking among African-American children of alcoholics (COA). The instruments used were: (1) the Children of Alcoholics Screening Test (J. Jones, 1981); (2) the Adolescent Alcohol Involvement Scale (J. Mayer and W. Filstead, 1979); and (3) the New York Self-Esteem Scale (M. Rosenberg, 1965). Participants were 649 adolescents, aged 12 to 19, 42% male, who were recruited from youth-serving organizations. Fifty-two percent of these adolescents were alcohol drinkers, and 15% of these misused alcohol, representing only 2.3% of the overall sample. One out of four adolescents was classified as COA, representing 27% of the alcohol users. Age, self-esteem, and being COA were strong predictors of alcohol drinking. Gender did not have any bearing on being COA, and the effect of gender on drinking was the same for COAs and nonCOAs. The proportion of COAs involved in drinking was significantly higher for COAs. In fact, age, self-esteem, and the status of COA/nonCOA were predictors of alcohol involvement. (Contains 3 tables and 33 references.) (Author/SLD)

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Predictors of Alcohol Drinking Among African-American Adolescents

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This study sought to investigate the factors that predict alcohol drinking among African-American children of alcoholics (COAs). The instruments used were: (1) the Children of Alcoholics Screening Test (CAST); (2) the Adolescent Alcohol Involvement Scale (AAIS); and (3) the New York (Rosenberg) Self-Esteem Scale. Six-hundred-forty-nine adolescents, ages 12-19 participated in the study. Fifty two percent of the adolescents were alcohol drinkers and 15% of those misused alcohol, which is only 2.3% of the overall sample. One out of four adolescent was classified as COA, representing 27% of the alcohol users. Age, self-esteem and the status of COA were strong predictors of alcohol drinking.

Among the United States students graduating from high school, 63% have been drunk, 22% smoke cigarettes daily, 21% currently smoke marijuana, and an increasing number -currently 17%- have used inhalants. Suicides, homicides and unintentional injuries account for some 80% of U.S. adolescent's death, and many involve alcohol and drugs. In fact, motor vehicle accidents are the leading killer of teenagers, the majority of accidents involving alcohol (Perry, 1996).

Several of the leading causes of "excess deaths" (i.e., deaths above and beyond mortality rates expected for a given population) among blacks have a strong correlation with alcohol and other drug abuse. Problem drinking among teen-agers is a growing concern in most black communities. Unfortunately, the appeal for abstinence is likely to fall upon deaf ears, because drinking is a behavior valued by teen-agers. According to Hare, N. and Hare (1986), drinking among these adolescents is often associated with low self-esteem, a sense of powerlessness, poor interpersonal and social skills, poor academic or vocational performance, negative peer pressure, and poor family relationships.

Hansen (1993) noted that a sizable proportion of young people first use alcohol during their teenage years. Significant numbers of young people have at least tried alcohol by the sixth grade. In any given group of young people, the percentage who consume alcohol increases steadily as they age. Many of these young people eventually use alcohol to the extent that they become intoxicated, and a significant number go on to develop severe alcohol-related problems. The phenomenon indicates that alcohol misuse is generally progressive. There is significant evidence that alcohol is the first drug used by most youth and that it is this alcohol use that unfortunately leads to subsequent use of other drugs (Ellickson, Hays & Bell, 1992; Graham, Collins, Wugalter, Chung & Hansen, 1991; Kandel, Yamaguchi & Chen, 1992).

Studies have suggested that adolescents who refrain from drinking alcohol have higher self-esteem than do adolescents who drink (Young, Werch & Bakema 1989). Workman and Beer (1989) examined the relationship between self-esteem, depression, and alcohol dependency among high school students. They found that boys had higher mean alcohol-dependency scores than girls. Freshman had significantly lower scores than did sophomores, juniors, and seniors. The mean alcohol-dependency scores generally increased from freshman to senior levels. Senior boys had the highest mean score while freshman girls had the lowest. The scores for boys increased steadily with grade level, while the scores for girls rise, fall, and then rise again as seniors.

Drinking seems to have an intergenerational effect. The children who grow up in alcoholic homes are known as children of alcoholics and many tend to inherit problem drinking. Over the past several years, children of alcoholics (COAs) have been the focus of increased attention via the popular press, clinical investigation and empirical research. Brown (1988) notes that "the recognition about children of alcoholics as a research and treatment population has grown from an idea to a national movement." The Children of Alcoholics Foundation (1987) cites that one out of every eight Americans is the child of an alcoholic while Rodney, H., and Rodney (1996) report 1 in 4 African-American adolescent. Another report by Rodney (1994) indicates 1 in 5 in a historically Black university sample to be an adult child of alcoholics (ACOAs).

Studies show that ACOAs report more alcohol-related death, more frequent divorces, a greater frequency of parental arguments, less family support, less cohesion, and a higher incidence of loss and abuse events. Adult children of alcoholics also risk developing drinking and alcohol-related problems as well as difficulties with emotional and interpersonal relationships and self-esteem. Findings in early research indicated that low self-esteem is a risk factor for the initiation

of alcohol and other drug use by African-American youth (CSAP, 1990, 1992).

While a portion of this population may prove to be at risk for alcoholism as well as other emotional and behavioral problems, such as self-esteem, there exists a percentage of children who, despite all odds, develop "healthy" and "positive" behaviors. This kind of "resiliency" has also become the focus of national attention in clinical investigation and social research. In recent years, various terms have been used to describe this sort of tenacity: resilient, stress-resilient, miracle resiliency and invulnerability. A simple definition, though, is a set of characteristics that enhances a child's ability to "bounce back" from life's adversities, particularly, alcohol abuse.

A review of the literature suggests that resiliency factors include: self-esteem and a strong sense of identity. In most cases, however, resilient children have a cluster of protective factors, not just one or two. It has been argued that, within the context of resiliency research, it might be a mistake to assume that ACOAs are different from adult children of other disordered families (Children of Alcoholics Foundation, 1992). Many researchers agree that although alcoholism has certain unique characteristics, its risk to the child has less to do with the alcoholism per se than with the way the family functions around five critical factors: 1) safety and security, 2) affirmation and affection, 3) communication skills, 4) problem solving skills, and 5) the nature of the family identity.

DeSimone, Murray and Lester (1994), examined the association among alcohol use, self-esteem, depression and suicidality in high school students. They found in a multiple regression analysis that frequency of use was associated positively with both depression and self-esteem, but not significantly with age and gender. By the same token, they found alcohol misuse to be positively associated with both depression and self-esteem, indicating that those who drank more often and misused alcohol had higher self-esteem scores. Their interpretation was that the students who drank

more and misused alcohol were "faking good" on self-esteem.

On the other hand, Gross (1993) examined the role gender and age play in the consumption of alcoholic beverages among college students. Men in the study reported a significantly greater alcohol consumption than did women. There was, in addition, a significant interaction between gender and age. Women under legal drinking age had higher rates of consumption than women of legal drinking age or older, while the opposite pattern was found for men. He noted also that illegal, underage drinking by students, men and women, occurs at a high rate.

Engs and Hanson (1989, 1990), using data from a national sample of college students during 1987-88 academic year, found that 81.2% of underage students consumed alcohol. Underage students were more likely to exhibit problems related to drinking, such as heavy drinking. Older students were more likely to drink in moderation and less likely to experience drinking problems.

Whether the disabling condition of drinking faced by 11.3 million African-American children is biological, social, environmental, physical, or cognitive in nature, this study set out to determine the proportion of African-American adolescents who are COAs and to examine if self-esteem plays a role in an adolescent's alcohol involvement. This is essentially to test the hypothesis of outcomes for African-American adolescent COAs which proposes that protective factors of positive self-esteem place youth in a position of strength to buffer the adverse consequences of parental alcoholism and other debilitating circumstances.

Method

Participants

The Internal Review Board of Central State University approved the method of this study. Participants were 649 African-American adolescents, 42% male, and ages 12-19 living in a

Midwestern city. The proportion of males in the study was 42% and that of females was 58%. The sample was recruited via youth-serving organizations. Data were collected only once from each subject for the entire duration of the study.

Procedure

A flyer with information about the study to recruit subjects was distributed throughout the city. Subjects responded by making an appointment through the telephone or by showing up at the designated sites for the surveys. Each potential participant was asked to take the consent form home for parental or guardian's signature and to return the form to a designated site. Completed forms were collected daily. A telephone call was made to the group's youth coordinator to schedule a time to conduct the group surveys. The survey administration lasted approximately 45 minutes. The participants were given ten dollars in cash for their time and effort. The surveys were conducted after school when school was in session and during the day when school was out for the summer and holidays.

Instruments

We used three instruments in this study: 1) The Children of Alcoholics Screening Test (CAST); 2) The Adolescent Alcohol Involvement Scale (AAIS); and 3) The New York (Rosenberg) Self-Esteem Scale.

The CAST is a 30-item inventory developed from published case studies and experiences reported by clinically diagnosed children of alcoholics (Jones, 1981, cited in Pilat & Jones, 1984/85). Used to identify latency age, adolescent, and adult children of alcoholics in a confidential manner, the CAST measures perception, feelings, attitudes, and experiences related to parents' drinking. A Spearman-Brown Split-Half (Odd vs. Even) reliability of .98 was computed with these

samples and with a random sample of 81 adults. But in our present study the reliability coefficient as given by the Cronbach's alpha was .94. If the respondent answered six of the questions in the affirmative, along with a positive answer to the question, "Did you ever think that your mother or father was an alcoholic?", then the respondent was classified as a COA.

The (AAIS) is a 14-item instrument designed to identify the adolescents who are using and misusing alcohol (Mayer & Filstead, 1979). A respondent's total score places him/her somewhere on a continuum from 0 (abstainer) to 79 (misuser). In between, the total score of one to 19 classifies the respondent as a rare drinker while the total score of 20 to 41 classifies the respondent as a regular drinker but who does not develop any alcohol related problem. The score of 42 to 79 signifies the adolescent experiences alcohol related problems that turn into alcoholism as the score gets close to 79; the adolescents in this group are said to misuse alcohol in that it interferes with psychological functioning, social relations or family living. The reliability of the instrument under the present study was given a Cronbach's alpha of .62.

The New York Self-Esteem Scale (Rosenberg, 1965) is a Guttman-type scale of 10 attitude statements designed to measure a respondent's level of self-esteem. Statements are worded positively and negatively with four response alternatives: strongly agree, agree, disagree and strongly disagree. Scoring of the measure is based on the "contrived items," that is, the combination of one or more statements to derive a one-item score. The possible range was from 0 to 6 with a high score indicating low self-esteem. A reproducibility coefficient of .92 and scalability of .72 has been reported for the scale. Estimate of the reliability of the instrument in this study gave a Cronbach's alpha of .77.

Results

The demographic information of the sample shows that participants were 649 African-American adolescents 12-19 years old living in a midwerstern city. The age distribution was as follows: 22% were 12-14, 46% were 15-16 and 32% were 17-19 years old. In addition, 58% were females.

Adolescents identified as COAs

According to the CAST, 152 or 23.7% of the adolescents were classified as COAs. Sixty three percent of the COAs were females and thirty seven percent were males. Twenty-six percent of the females were COAs as opposed to 21% of the males. This difference of five percent was not statistically significant, Pearson χ^2 (1, N = 642) = 2.49, p = .11.

As per age group, 24% of the COAs were between 12 and 14, 44% between 15 and 16, and 32% between 17 and 19 years old. A breakdown of age by gender did not show any statistically significant difference between males and females in each age group, Pearson χ^2 (2, N = 642) = .29, p = .87.

Drinking behavior as measured by the AAIS

From the result of the AAIS, adolescents were divided in two groups: those who use alcohol and those who do not use alcohol or only rarely. Accordingly, a score of 0 to 19 on the AAIS puts one in the category of non users (these are called resilient), and a score of 20 or more puts one in the category of alcohol users (these are called non resilient). Fifty-two percent of the adolescents were classified as users of whom 4.4% misused it. That is, only 2.3% of the overall sample abused alcohol, a rate that does not appear high enough to warrant any further exploration.

Among the non users, 20% were COAs and 80% were nonCOAs. Among the users, 27%

were COAs while 73% were nonCOAs. In relative terms, there were more COAs using alcohol (59% of the COAs) than the nonCOAs (50% of the nonCOAs), and that difference (of 9%) was statistically significant, Pearson χ^2 (1, $\underline{N}$ = 640) = 4.01, $\underline{p}$ = .04).

Additionally, using a simple factorial analysis of variance, the status of COA or nonCOA and that of male or female were compared on the basis of alcohol involvement (as per their total score on AAIS). The interaction of the status of COA/nonCOA and gender was not statistically significant, $\underline{F}$(1, 639) = 1.58, $\underline{p}$ = .21, meaning that there is no interaction, i.e., the effect of gender on alcohol drinking seems to be the same among COAs and nonCOAs. The main effect of the status of COA/nonCOA and of gender was not statistically significant, either, $\underline{F}$(2, 639) = 2.48, $\underline{p}$ = .085. But, COAs had higher mean score (19.47) than the nonCOAs (16.99), $\underline{F}$(1, 639) = 4.84, $\underline{p}$ = .03, which was statistically significant.

Effects of Self-Esteem

A simple factorial analysis of variance was used to compare scores of male and female COAs and nonCOAs measured on the Rosenberg Self-Esteem scale. The interaction of the status of COA/nonCOA and gender was not statistically significant, $\underline{F}$(1, 641) = .048, $\underline{p}$ = .827, i.e., the effect of being COAs or nonCOAs on self esteem was the same across gender. However, the main effect of status of COA/nonCOA and of gender were statistically significant, that is, $\underline{F}$(2, 641) = 6.67, $\underline{p}$ = .001. The children of alcoholics scored higher (1.68) than the nonCOAs (1.57), $\underline{F}$(1, 641) = 7.01, $\underline{p}$ = .008. (High score on self esteem means low self esteem). Similarly, females scored higher (1.63) than males (1.54) on self esteem, $\underline{F}$(1, 141) = 4.04, $\underline{p}$ = .04, as reported in Table 1.

Resiliency among COAs

Resilient COAs were those who scored less than 20 on the AAIS on the scale of 1 - 79 while

the nonresilient COAs were those who scored 20 or more on the same scale. The two groups were compared on the basis of self esteem and age using a one way analysis of variance. Significant results were observed only on age. Resilient COAs had an average age lower than the non resilient (14.97 vs 16.01) and that difference was statistically significant $F(1, 148) = 18.31$, $p < .0001$, as reported in Table 2.

Predicting alcohol involvement

We used a multiple regression analysis to regress where age, self esteem, sex, and the nonCOA/COA status on alcohol involvement as measured by the total score on the AAIS. The results, as reported in Table 3, showed that age (B=1.77), self esteem (B=.42) and the status of COA/nonCOA (B=3.04) were significant predictors of alcohol involvement. Six percent of the variation in alcohol drinking was accounted for by the variables included in the model ($R^2 = 0.06$).

Discussion

This study sought to investigate the factors that predict African-American adolescent's involvement in alcohol drinking. The results showed that fifty two percent of the adolescents were alcohol users and 15% of those misused alcohol, which is only 2.3% of the overall sample. One out of four adolescents was classified as COA, representing 27% of the alcohol users. Age, self-esteem and the status of COA were strong predictors of alcohol drinking.

The gender of the participants did not have any bearing on the status of COA/nonCOA; males and females seemed to have an equal chance of being COAs. Also, the age of the respondents was not a factor in determining whether one was a COA; younger or older adolescents had equal chance of being COAs.

The proportion of COAs involved in drinking was significantly higher than that of nonCOAs.

This is to say the fact of being COA makes one more prone to be an alcohol user (drinker) than the nonCOA. We need to caution that such a relationship, though statistically significant, was fairly weak. The status of COA/nonCOA was also significant to imply that COAs are likely to drink more than the nonCOAs, which supports the findings about the risks haunting the COAs. Although many studies have found that adult children of alcoholics are at a risk for the development of drinking and alcohol-related problems, not all ACOAs develop drinking problems or psychopathology as a result of their alcoholic parentage (Rodney, 1995). Indeed, one study of university students who had alcoholic fathers, second-degree alcoholic relatives or no first or second degree alcoholic relatives failed to find significant group differences in regard to drinking behavior or alcohol-related symptoms or consequences (Alterman & Searles, 1989).

The study also showed that the effect of gender on alcohol drinking was the same among COAs and nonCOAs, which means the effect of being COA or nonCOA on alcohol drinking seemed the same across gender. On the other hand, males scored higher than females on the AAIS which means that they were more involved in drinking. Although males appeared more involved in drinking than females, such a difference was not significant. In other words, there was not sufficient evidence that males drank more than females. This finding does not support previous findings that found males to have a significantly higher level of problem drinking than females (Rodney, 1994, Berkowitz & Perkins, 1985, Andrasi, 1987).

Although the combined effect of gender and the status of COA/nonCOA provided no indication that female COAs had lower or higher self esteem than male COAs and vice versa, females and males in general differed significantly on their level of self esteem, with COA females showing lower self esteem than males. Rodney (1995) found no significant gender differences

between the male ACOAs and nonCOAs or between the female ACOAs and nonCOAs in regard to their level of self-esteem or self concept. On the other hand, COAs showed lower self esteem than nonCOAs overall. However, many empirical studies have failed to find significant differences between ACOAs and nonACOAs on measures of self-esteem, or at least, findings in this area are mixed (Carroll, 1991, Churchill, Broida & Nicholson, 1990, Clair & Genest, 1987, Duprez, 1987, Gravitz & Bowden, 1985, Rodney, 1995, and Tweed & Ryff, 1991).

Resilient COAs were on the average younger than the nonresilient. This is probably due to the fact that drinking activities increases with age. When comparing 13 and 17 year olds, there is no doubt that the latter are likely to drink more than the former although in both cases that is called drinking under age.

Finally, age , self esteem and the status of COA/nonCOA were found to be the predictors of alcohol involvement. The positive relationship found in this study between age and drinking supports many of the previous findings that alcohol drinking starts at an early age and its consumption increases with time. Many of these young people eventually use alcohol to the extent that they become intoxicated, and a significant number go on to develop severe alcohol-related problems (Hansen, 1993).

Several reasons have been given for the positive relationship between alcohol consumption and age. Because of the many societal preventive measures, lack of financial resources for the young adolescents to buy a drink, their low weight and the inability of the body to handle drinks, younger adolescents are not able to drink as much as the older ones. Most studies indicate that the price of alcoholic beverages influences consumption and consequent alcohol-related problems, and that this effect is particularly strong among young drinkers (Klitzner, Stewart & Fisher, 1993). We

believe that another reason the drinking level progresses with age is due to the fact that they start earning their own income from working part or full time.

Our study has also found that adolescents with lower self-esteem appeared to drink more than those with higher self-esteem. This seems contrary to the findings by DeSimone, Murray and Lester (1994), who report alcohol misuse to be positively associated with both depression and self-esteem, indicating that those who drank more often and misused alcohol had higher self-esteem scores. This led them to conclude that the students who drank more and misused alcohol were "faking good" on self-esteem. Among ACOAs, however, Rodney, H., and Rodney (1996) found the level of drinking to be significantly and positively correlated with self esteem.

Many circumstances can lead to low self esteem, including the perception of less worthiness, failure in school or in other activities, poor upbringing or the fact of being a COA as pointed out earlier; these factors may cause one to resolve to drinking as a way of overcoming inadequacies.

In conclusion, this study has shown the importance of self-esteem in developing resiliency among youngsters. Any school or community program designed to develop in youngsters a sense of self worthiness must work towards reducing their involvement in activities that are self destructive, such as alcohol and substance abuse. Since the study also showed that younger adolescents are less involved in drinking than older adolescents any prevention program geared toward the young children should help to deter drinking at earlier ages.

Table 1

ANOVA of Self Esteem by COA/nonCOA status and gender

Source of Variation	Df	F
Main Effect	2	6.68**
COA/NonCOA	1	7.01**
Sex	1	4.04*
Interaction COA/NonCOA & Sex	1	0.05
Error	638	(.172)

*$p < 0.05$
**$p < 0.01$

Table 2

ANOVA of Resilient vs nonresilient COAs by Age

Source	DF	MS	F
Between Groups	1	39.45	18.31****
Within Groups	148	2.15	
Total	149		

**** $p < 0.0001$

Table 3

Summary of Regression Analysis for Variables Predicting Alcohol Drinking

Variables	B	SE B	β
Age	1.77	.35	.19***
Self Esteem	.42	.13	.12**
COANONC	3.04	1.30	.09*

Note $R^2 = .06$
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

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